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COMBINED DECLAR	ATTORNEY'S DOCKET P14749							
APPLICATION WITH	First Named Inventor:							
				Giuseppe				
				ALVA	RO			
() Declaration submitted with initial f	iling or		a.	Complete if known:				
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))					.;			
() Declaration submitted after initial)	;							
				Filing Date				
	Group A	Group Art Unit:						
As below named	inventor, I hereby	declare that		:				
My residence, post office address and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
PIPERIDYLCARBOXAMIDE DERIVATIVES AND THEIR USE IN THE TREATMENT OF TACHYKINIM- MEDIATED DISEASES								
the specification of which (check only one item below):								
[]is attached hereto.								
[x] was filed on as United States application Serial No or PCT International								
Application Number *PCT/GB03/00499 filed 5 February 2003 and was amended on (MM/DD/YYYY) (if applicable)								
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:								
PRIOR FOREIGN AND ANY P	RIORITY CLAIM	4S UNDER 35 U.S.C.	. 119:					
Prior Foreign Application Number (s)	Co	untry	Foreign Filing Date (MM/DD/YYYY))	į.	PRIORITY CLAIMED			
1. 0203021.1	Great Britain		8 February 2002		X			
2. 0203019.5	Great Britain		8 February 2002		X			
3.				-				
5.								
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:								
Application No.		· Filing Date	(MM/DD/YYYY)	<u>.:</u>				
1. 2.				<u>.</u>				
3.				<u> </u>				

INVENTOR'S SIGNATURE

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17 MAR 2005

COMBINED DECLARATION FOR UTILITY or DESIGN PI4749 PATENT APPLICATION WITH POWER OF ATTORNEY Continued I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. \$1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application: PRIOR U.S. PARENT APPLICATION OF PCT PARENT APPLICATION STATUS (Check one) PATENTED PENDING ABANDONED U.S. Parent Application of PCT Parent Parent Filing Date (MM/DD/YYYY) Number POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347) and Customer Number 20462 Direct Telephone Calls to: Address all correspondence and telephone calls to Customer Number 23347 Lorie Ann Morgan 919 483 8222 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. PAMILY NAME FIRST CIVEN NAME SECOND GIVEN NAME/INITIAL FULL NAME **ALYARO** Giuseppe OF INVENTOR Signature INVENTOR'S 21.06.2004 SIGNATURE COUNTRY OF CITIZENSHIE STATE OR FOREIGN COUNTRY CITY RESIDENCE & Italy Italy CITIZENSHIP Verona POST OFFICE ADDRESS STATE & ZIF CODE/COUNTRY POST OFFICE GlaxoSmithKline Research Triangle Park North Carolina 27709, US ADDRESS Five Moore Drive, PO Box 13398 SECOND CIVEN NAME/INITIAL PAMILY NAME FIRST CIVEN NAME FULL NAME OF INVENTOR PAIO Alfredo . INVENTOR'S Signature 211 6/00 SIGNATURE COUNTRY OF CITIZENSIA STATE OR FOREIGN COUNTRY RESIDENCE & ITI Italy Italy Verona CITIZENSHIP POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE GlaxoSmithKline Research Triangle Park North Carolina 27709, US **ADDRESS** Five Moore Drive, PO Box 13398 SECOND CIVENINAME/INITIAL MAST CIVEN NAME **FULL NAME** PAMILY NAME PONTIROLI Alessandro OF INVENTOR 24/7/04 **INVENTOR'S** SIGNATURE BTATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & Italy Italy Verona CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE North Carolina 27709, US ADDRESS GlaxoSmithKline Research Triangle Park Five Moore Drive, PO Box 13398 SECOND GIVEN NAME/INITIAL FAMILY NAME FIRST CIVEN NAME **FULL NAME** SPADA OF INVENTOR Simone INVENTOR'S Strature 25:6.04 SIGNATURE STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY RESIDENCE & Italy CITIZENSHIP **Yerona** ITY POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE Research Triangle Park North Cardlina 27709, US **GlavoSmithKline ADDRESS** Five Moore Drive, PO Box 13398 PIRST CIVEN NAME SECOND GIVEN NAME/INITIAL FAMILY NAME FULL NAME OF INVENTOR TRANQUILLIN Elvira Maria

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